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13 JUN 21 AM 6: SECRETARY OF STA ALLAHASSEE. FLO

Electronic Filing Menu

Corporate Filing Menu

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K. SALY EXAMINER

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| | ARTICL | LES OF ORGANIZATION SECRET PROPERTY OF | | | | | | | |
| | _ | OF SEGRETARY OF STATE FALLY HASSEE; FLORIDA: | | | | | | | |
| [] | onss N | MEDIA. LLC | | | | | | | |
| (Nam | of the Limited Lia | ibility Company as it now appears on our records.) | | | | | | | |
| | (ATIO | 07/17/2000 | | | | | | | |
| The Articles of Organization fo | or this Limited Liabil | lity Company were filed on 0115 2002 and assigned | | | | | | | |
| Florida document number | 02000017 | <u> 196</u> | | | | | | | |
| | | | | | | | | | |
| This amendment is submitted to | o amend the following | ng: | | | | | | | |
| A. If amending name, enter t | the new name of the | e limited liability company here: | | | | | | | |
| | | | | | | | | | |
| The new name must be distinguis | shable and end with the | ne words "Limited Liability Company," the designation "LLC" or the abbreviation | | | | | | | |
| "L.L.¢." | | 13000 Risson Plat | | | | | | | |
| Enter new principal offices ac | ddress, if applicable | e: 13899 Biscayne Blvd. | | | | | | | |
| (Principal office address MUS | ST BE A STREET A | 4DDRESS) #7228 / | | | | | | | |
| . | | Miami 72 33/8/ | | | | | | | |
| | | 12000 Diceaning Blad | | | | | | | |
| Enter new mailing address, if | f applicable: | 13899 Biscayne Ova. | | | | | | | |
| (Mailing address MAY BE A | <u>POST OFFICE BO.</u> | x 7 228 | | | | | | | |
| | | M1am1 1 = 3181 | | | | | | | |
| R If amonding the registe | red great and/or | reprietored office address on our records, enter the name of the new | | | | | | | |
| B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: | | | | | | | | | |
| | | · | | | | | | | |
| Name of New Registe | ered Agent: | | | | | | | | |
| New Registered Office | ce Address: | | | | | | | | |
| 1444 | <u> </u> | Enter Florida street address | | | | | | | |
| | | , Florida | | | | | | | |
| | | City Zip Code | | | | | | | |
| New Registered Agent's Signat | ure, if changing Regi | elstered Agent: | | | | | | | |
| / have by second the appointment | and as resistant of | agent and agree to act in this capacity. I further agree to comply with | | | | | | | |
| the provisions of all statutes | relative to the prop | per and complete performance of my duties, and I am familiar with and | | | | | | | |
| accept the obligations of my | position as register | red agent as provided for in Chapter 608, F.S. Or, if this document is | | | | | | | |
| company has been notified in | a change in the reg n writing of this cho | gistered office address, I hereby confirm that the limited liability ange. | | | | | | | |
| | | If Changing Registered Agent, Signature of New Registered Agent | | | | | | | |
| | | | | | | | | | |
| | | Page 1 of 2 | | | | | | | |

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| If ame | ading th | e Manager | s or Managing I | Member. | 9 7 DB | John records, enter the title, name, and address of each Man | nager |
|---------|------------|-------------|-----------------|----------|-----------|--|-----------|
| MGR | = Manaş | | ng added or rem | oved fro | m or | <u>our records</u> : | |
| Title | 1- 1-11-11 | <u>Name</u> | | - | 1 | Address Type of Acti | <u>on</u> |
| M6R | M | | ard 1 | RUA | X | 13899 BISCAYNE Blod. FAdd # 228 Remove | |
| MG | RM | JERE | miah " | aet | an | m 13899 Biscaure Blad Was | |
| Me | ZM | KE | ISEY | FREI | vu | MIAMITE 23181 MIAMITE 23181 Remove | |
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| D, If a | mendin | g any other | information, en | ter chau | ıge(s) | s) bere: (Attach additional sheets, if necessary.) | |
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| Dated (| 7 | ne | 20th | 2 | DI | 13 | |
| Dated 1 | _ | | Jeamia | A memb | 21 | r authorized representative of a member | |
| | _ | | JEREI | nia | dori | Parham printed name of signee | |
| | | | | | | Page 2 of 2 | |
| | | | | H 1 | 30 | 0 0 0 1 4 1 1 4 7 | |